



COMPANY INFORMATION

Client Name: _____ (the "Client")

Account Number(s): _____
(Collectively the "Accounts")

AUTHORIZATION

Effective by signing below, Client hereby authorizes Silicon Bank (the "Bank") to block the following described ACH activity on the Accounts and agrees to indemnify, defend and hold harmless the Bank for any and all liabilities, costs, expenses, penalties, fines and claims the Bank may incur in acting upon this authorization. Client agrees that this ACH Block Authorization Form is a Related Agreement under the SVB Deposit Agreement and Disclosure Statement and any other agreements you may have with the Bank. Client further agrees that this authorization shall remain in effect until cancelled by Client in writing and delivered to the Bank.

NOTE: In order to block a specific dollar amount you must place a Stop Payment Order.

GENERAL BLOCK

Add/New: _____ Cancellation of Existing Block: _____

SPECIFIC BLOCK

Add/New: _____ Cancellation of Existing Block: _____

Sending Company Name: _____

Sending Company ID Number: _____ (if available)

Amount of Last Transaction: _____ (if available) Date of Last Transaction: _____ (if available)

The Sending Company I want to block: _____

NOTE: If the sending company identification number is not listed, or if an alternate sending company identification number is used by the sending company the payment will not be blocked. The Bank strongly recommends that you review all paid entries on SVB Online Banking daily and report any unauthorized transactions to the Bank immediately.

Important Note: Silicon Valley Bank strongly recommends that you review all paid entries on SVB Online Banking. If any of the blocking variables change, the entry could still be paid. Any Silicon Valley Bank-generated entries to fund or provide settlement for ACH origination will still post.

Client acknowledges and agrees that the Bank will implement the ACH blocking services described herein within 2 business days of receipt by the Bank. Any Silicon Valley Bank generated entries will still post notwithstanding this authorization. Please see Schedule of Fees for current pricing for these services.

AGREEMENT

Authorized Signature

Date

Print Name

Title

Authorized Signature*

Date

Print Name

Title

*To be used only if Client's SVB Bank Depositor Agreement specifies that two signatures are required.